

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2	1		1				52				
3		2		1			53				
4		2		3			54				
5		2		3			55				
6		2		3			56				
7		2		3			57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
20							70				
21					1		71				
22					1		72				
23					1		73				
24						1	74				
25						1	75				
26						1	76				
27						1	77				
28						1	78				
29						1	79				
30						1	80				
31						1	81				
32						1	82				
33						1	83				
34						1	84				
35						1	85				
36					1	1	86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			2		34		TOTAL IND.				
TOTAL DEP.			13		12		TOTAL DEP.				
TOTAL CLAIMS			15		16		TOTAL CLAIMS				